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DECLARATION AND POWER OF ATTORNEY		Attorney Docket Nu	mber Di	EP5086				
		First Named Inventor	or Mi	ichael C. Jones				
FOR UTILITY OR DESIGN		COMPLETE IF KNOWN						
PATENT APPLICATION (37 CFR 1.63)  Declaration Submitted with Declaration Submitted a Initial Filing (Surcharge	,	Application Number						
	· ·	Filing Date						
(37 CFR 1.16)	(e)) required)	Group Art Unit						
		Examiner Name						
As a below named inventor, I hereby declare the	nat:							
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Radial Impaction Bone Tamp and Associated Method (Title of the Invention)								
the specification of which								
is attached hereto								
OR .								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Country Number(s)			riority Claimed	Certified Copy Attached? YES NO				
: Additional foreign application numbers are lis								

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C	C. 119(e) of any United States provisional a	application(s) listed below.					
Application Number(s)	Filing Date (MM/DD/YYYY)						
		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I berehv claim the henefit under Title 35. Ur	nited States Code 8 120 of any United State	es application(s) listed below and insofar					
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the							
national or PCT international filing date of the	• •	Illing date of the phot application and the					
Application Serial No.	Filing Date	Status					
		Patented Patented Patented					
I hereby appoint:							
KA D 000 - Outland Manhan		Place Customer					
	000027777 →	Number Bar Code					
AND		Label Here					
Practitioner(s) named below: Name Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to John Wagley at telephone number 574-372-7332.							
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Michael C.		Family Name or Surname	Jones				
Inventor's Signature	- Jan		Date 5	3-26-03			
Residence: City North Webster	State IN	Coun	try USA	CitizenshipUS			
Mailing Address 205 North Short Street							
City North Webster	State IN	ZIP		Country			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SECOND INVENTOR:   A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])							
Inventor's Signature		γ	Date				
Residence: City	State	Cour	itry	Citizenship			
Mailing Address		<del></del>					
City	State	ZIP		Country			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF THIRD INVENTOR:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature			Date				
Residence: City	State	Cou	ntry	Citizenship			
Mailing Address							
City	State	ZIP		Country			